

8903-66-06

RECEIVED
(Red)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 Chestnut Building
Philadelphia, Pennsylvania 19107

MAR 10 1989

In Reply Refer to: 3HW33

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Josephine Histano, Chemist
Solid State Scientific, Incorporated
Montgomeryville Industrial Center
Montgomeryville, Pennsylvania 18936

Re: PAD002278331

Dear Ms. Histano:

Sections 3004(u) and 3008(h) of the Hazardous and Solid Waste Amendments of 1984 (RCRA Reauthorization) give EPA the authority to require corrective action for all releases of hazardous wastes or constituents from any solid waste management unit ("SWMU") as defined on the enclosed sheet. This requirement applies to operating units, inactive units, and those that have been closed.

EPA must first determine the location of all SWMUs at a facility. Next, we must determine whether or not any "releases" (see definitions) originated at these units. Our records indicate that you either did not receive or did not respond to a previous request by EPA to submit the information described below. In order to enable us to make these determinations, you must provide the following information.

1. A topographic map showing the facility and a distance of 1,000 feet around it, at a scale of one-inch equal to not more than 200 feet. In addition to showing the location of any hazardous waste management facilities for which you are seeking a permit, it must locate all existing and former SWMUs at your facility.

2. For each SWMU, provide a description of the unit's functions, material of construction, dimensions, capacity, ancillary systems (piping), etc. If available, provide engineering drawings of the units and their foundations. For closed facilities, also provide a copy of the closure plans, a description of how closure was performed, and any relevant post-closure information you have available.
3. For each SWMU, provide a description of all solid wastes including hazardous wastes and hazardous waste constituents received by the units. Also, provide information on quantities of hazardous wastes and hazardous waste constituents received by each SWMU and the dates during which these units operated.
4. For each solid waste, SWMU, describe any releases (or possible releases) originating at the unit. This should include information on the date of release, type of solid waste, hazardous waste or hazardous waste constituents released, quantity released, nature of the release, extent of migration, and cause of release, for example, an overflow, broken pipe, tank leak, etc. Also, provide any available data which would quantify the nature and extent of environmental contamination including the results of soil, surface water and/or groundwater sampling and analysis efforts. Likewise, any monitoring information that indicates releases are not present should also be submitted.

Please be advised that Section 3004(u) applies to those treatment/storage/disposal facilities required to obtain RCRA permits. If you are not required to obtain a RCRA permit, please indicate that fact in your response.

Additionally, Section 3008(h) applies to all facilities that operated under interim status. In some cases, this provision will not apply to a facility because it never actually operated under interim status; for example, a storage facility that filed for interim status, but never stored for more than 90 days. If you determine that this provision does not apply to your facility, you must list specific reasons that support the fact that you never operated under interim status.

If some or all of the above-requested information has been previously submitted to this office, please reference this information in your reply.

10/17/97

We request under Section 3007 of the Act, 42 U.S.C. Section 6927, that you submit two copies of the above requested information within fourteen (14) days of your receipt of this letter to both EPA and the Pennsylvania Department of Environmental Resources (PA DER).

All information you submit should be certified as required by regulation 40 CFR 270.11(d). Should you have any questions concerning this letter, please contact William L. Walsh at (215) 597-1192.

Sincerely,


Robert L. Allen, Chief

Waste Management Branch

Enclosure

Definitions

Release -

... any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment, but excluding releases otherwise permitted or authorized under law.

Solid Waste Management Unit -

... any landfill, surface impoundment, waste pile, land treatment unit, incinerator, tank (including storage, treatment, and accumulation tanks), container storage units, injection wells, wastewater treatment units, elementary neutralization units, transfer station, and recycling units that received solid or hazardous waste at any time.

#8903-66-25



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

841 Chestnut Building
Philadelphia, Pennsylvania 19107

MAR 10 1989

In Reply Refer to: 3HW33

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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Solid State Scientific, Incorporated
Montgomeryville Industrial Center
Montgomeryville, Pennsylvania 18936

Re: PAD002278331

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1. A topographic map showing the facility and a distance of 1,000 feet around it, at a scale of one-inch equal to not more than 200 feet. In addition to showing the location of any hazardous waste management facilities for which you are seeking a permit, it must locate all existing and former SWMUs at your facility.

- 00000000
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2. For each SWMU, provide a description of the unit's functions, material of construction, dimensions, capacity, ancillary systems (piping), etc. If available, provide engineering drawings of the units and their foundations. For closed facilities, also provide a copy of the closure plans, a description of how closure was performed, and any relevant post-closure information you have available.
 3. For each SWMU, provide a description of all solid wastes including hazardous wastes and hazardous waste constituents received by the units. Also, provide information on quantities of hazardous wastes and hazardous waste constituents received by each SWMU and the dates during which these units operated.
 4. For each solid waste, SWMU, describe any releases (or possible releases) originating at the unit. This should include information on the date of release, type of solid waste, hazardous waste or hazardous waste constituents released, quantity released, nature of the release, extent of migration, and cause of release, for example, an overflow, broken pipe, tank leak, etc. Also, provide any available data which would quantify the nature and extent of environmental contamination including the results of soil, surface water and/or groundwater sampling and analysis efforts. Likewise, any monitoring information that indicates releases are not present should also be submitted.

Please be advised that Section 3004(u) applies to those treatment/storage/disposal facilities required to obtain RCRA permits. If you are not required to obtain a RCRA permit, please indicate that fact in your response.

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If some or all of the above-requested information has been previously submitted to this office, please reference this information in your reply.

ORIGINAL
10/10/91

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All information you submit should be certified as required by regulation 40 CFR 270.11(d). Should you have any questions concerning this letter, please contact William L. Walsh at (215) 597-1192.

Sincerely,



Robert L. Allen, Chief

Waste Management Branch

Enclosure

Definitions

Release -

... any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment, but excluding releases otherwise permitted or authorized under law.

Solid Waste Management Unit -

... any landfill, surface impoundment, waste pile, land treatment unit, incinerator, tank (including storage, treatment, and accumulation tanks), container storage units, injection wells, wastewater treatment units, elementary neutralization units, transfer station, and recycling units that received solid or hazardous waste at any time.

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

PAD002278331

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

SOLID STATE SCIENTIFIC INC
COMMERCE DRIVE
MONTGOMERY, PA 18936

III. LOCATION OF INSTALLATION

COMMERCE DRIVE
MONTGOMERY, PA 18936

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

ORIGINAL
(Red)

FOR OFFICIAL USE ONLY

COMMENTS

RCRA SECTION
EPA RECEIVED

AUG 18 00000286

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

FAD002278331

T/A C

31

I. NAME OF INSTALLATION

SOLID STATE SCIENTIFIC INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3000 COMMERCE DRIVE

CITY OR TOWN

ST.

ZIP CODE

MONTGOMERY

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

500 COMMERCE DRIVE

CITY OR TOWN

ST.

ZIP CODE

MONTGOMERY

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 ASHTON ROBERT PLT. PROJ. COORDTR. 215-855-8400

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 SOLID STATE SCIENTIFIC INC.

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

PAD002278331

IX. DESCRIPTION OF HAZARDOUS WASTES

8	9	10	11	12	13	14	15	T/A	C
W	P	A	D	0	0	2	2	7	8
1	2	3	4	5	6	7	8	9	10

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 5 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 1 0 23 - 26	32 U 0 0 2 23 - 26	33 U 0 7 0 23 - 26	34 U 0 7 1 23 - 26	35 U 0 7 2 23 - 26	36 U 1 3 4 23 - 26
37 U 1 4 0 23 - 26	38 U 1 5 4 23 - 26	39 U 1 8 8 23 - 26	40 U 2 2 0 23 - 26	41 U 2 2 6 23 - 26	42 U 2 2 9 23 - 26
43 U 2 3 9 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Howard K. ...</i>	NAME & OFFICIAL TITLE (type or print) PRESIDENT	DATE SIGNED 8/15/80
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**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 00 227 8331

Solid State Scientific, Inc.
Commerce Drive
Montgomeryville, PA 18936

INSTALLATION ADDRESS

Commerce Drive
Montgomeryville, PA 18936

EPA

GENERAL INFORMATION
Consolidated Permit Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

II. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

PA D 0 0 2 2 7 8 3 3 1

If a preprinted label is used, it is in the designated location carefully; if not, fill in the appropriate fill-in area. The preprinted data is shown left of the label space. The data should appear, when proper fill-in areas are complete and correct, as follows: Items I, II, V, and VI must be completed regardless if no label has been used. The instructions for the label and for the fill-in areas are on the back of the label.

H. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you have questions, you must submit this form and this supplemental form listed in the instructions following the questions. Mark "X" in the box if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may submit a form if it is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of terms—found below.

SPECIFIC QUESTIONS	ANSWER			SPECIFIC QUESTIONS	ANSWER		
	YES	NO	OTHER		YES	NO	OTHER
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)				B. Does or will this facility (other than drinking or proposed drinking water treatment plant) produce or process solid waste which results in a discharge to waters of the U.S.? (FORM 2B)			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the bottommost stratum containing, within one quarter mile of the well, any underground sources of drinking water? (FORM 3A)			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, or inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur, solution mining of minerals, in the production of fossil fuel, or recovery of spent solvents? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

NAME OF FACILITY

SCIP

SCIENTIFIC, INC.

FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

215 855 8400

FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

Evansville Industrial Ctr

B. CITY OR TOWN

Evansville

C. STATE

Pa

D. ZIP CODE

18936

FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5th and Enterprise Drives

B. COUNTY NAME

Monroe County

C. CITY OR TOWN

Monroe

D. STATE

Pa

E. ZIP CODE

18936

F. COUNTY CODE (if known)

3 6 7 4 (specify) Semiconductor Manufacturing

(specify)

ORIGINAL
(Red)

(specify)

(specify)

Leonard P. Kedson

P

(specify)

2 1 5 8 5 5 8 4 0 0

Montgomeryville Industrial Ctr

Montgomeryville

Pa

18936

Is the facility located on federal land?
☐ Yes ☒ No

X. EXISTING ENVIRONMENTAL PERMITS

A. SDWA (Discharges to Surface Water)		B. PSD (Air Emissions from Fugitive Sources)	
PA0000130	9 7		
C. UST (Underground Storage Tanks)		D. OTHER (specify)	
	9 7		(specify)
E. RCRA (Hazardous Waste)		F. OTHER (specify)	
PA000227331	9 7		(specify)

Attach to this application a topographic map of the area extending to at least one-half mile beyond the property boundaries. The outline of the facility, the location of each of its existing and proposed waste and discharge structures, and of its treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, water bodies in the map area. See instructions for precise requirements.

NATURE OF BUSINESS (provide a brief description)

Semiconductors for manufacturing, CMOS technology production.

CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application, and that, based on my inquiry of those persons immediately responsible for obtaining the information contained herein, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Leonard P. Kedson, President		

COMMENTS FOR OFFICIAL USE ONLY

FORM 1	EPA	PROTECTION FORMATION
GENERAL	(Read the "General Instructions" before starting.)	

1. EPA I.D. NUMBER													
F	P	A	D	0	0	2	2	7	8	3	3	1	D

LABEL ITEMS	
I. EPA I.D. NUMBER	<div>Nov 1980 000547</div> <div>PLEASE PLACE LABEL IN THIS SPACE</div>
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

NAME OF FACILITY

1	SKIP	Solid State Scientific Inc.
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	Ashton, Robert Plt Prjct. Crdntr	215	855 8400

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	
3	Montgomeryville Industrial Ctr
B. CITY OR TOWN	
4	Montgomeryville
C. STATE	D. ZIP CODE
Pa	18936

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		
5	Commerce and Enterprise Drives	
B. COUNTY NAME		
Montgomery County		
C. CITY OR TOWN		
6	Montgomeryville	
D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
Pa	18936	

VII. DISCHARGE (if any, in order of priority)

A. FIRST										D. FOURTH									
(specify) 3 6 7 4 Semiconductor Manufacturing										(specify) 7									
C. THIRD										D. FOURTH									
(specify) 7										(specify) 7									

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
8 Leonard P. Kedson										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) P (specify)										C A 2 1 5 8 5 5 8 4 0 0									
E. STREET OR P.O. BOX																			
Montgomeryville, Industrial Ctr																			
F. CITY OR TOWN										G. STATE H. ZIP CODE IX. INDIAN LAND									
B Montgomeryville										Pa 1 8 9 3 6 Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C T I 9 N P A 0 0 5 0 1 3 0										C T I 9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C T I 9 U										C T I 9 (specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C T I 9 R P A D 0 0 2 2 7 8 3 3 1										C T I 9 (specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Semiconductor manufacturing, CMOS technology production.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Leonard P. Kedson, President										B. SIGNATURE <i>Force</i>										C. DATE SIGNED									
--	--	--	--	--	--	--	--	--	--	------------------------------	--	--	--	--	--	--	--	--	--	----------------	--	--	--	--	--	--	--	--	--

COMMENTS FOR OFFICIAL USE ONLY

C 15 16										51									
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Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM
3
RCRA



U. S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

EPAD0002278331

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☒ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE CONSTRUCTION BEGAN OR IS EXPECTED TO BEGIN (yr., mo., & day)

B. REVISED APPLICATION (place an "X" below and complete item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT		
				T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR		
Disposal:				T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; item III-C.)		
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	5500	G	7			
2	S 0 2	1550	G	8			
3	T 0 1	85,000	U	9			
4				10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS. P
TONS. T

METRIC UNIT OF MEASURE CODE
KILOGRAMS. K
METRIC TONS. M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. X-1 X-2 X-3 X-4	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if . . . have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)												FOR OFFICIAL USE ONLY																	
S												T/A	C	S												T/A	C		
W	P	A	D	0	0	2	2	7	8	3	3	1		1	W	DUP												2	DUP

[illegible]

IV. DESCRIPTION OF HAZARDOUS WASTE. (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	P	A	D	0	0	2	2	7	8	3	3	1	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	0	1	3	4	5
55	56	57	58	59	60

7	5	0	1	3	3	8
72	73	74	75	76	77	78

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E	Solid State Scientific Inc.
13	14

2	1	5	-	8	5	5	-	8	4	0	0
53	54	55	56	57	58	59	60	61	62	63	64

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F	Commerce Drive
13	14

G	Montgomeryville
45	46

P	A	1	8	9	3	6
40	41	42	43	44	45	46

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

FORM 3 RCRA **EPA** **ENVIRONMENTAL PROTECTION AGENCY**
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
F P A D 0 0 2 2 7 8 3 3 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED **DATE RECEIVED**
(yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

☒ **2. NEW FACILITY** (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED
(use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. **AMOUNT** - Enter the amount.

2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

5	DUP										T/A	C			
1	2	3	4	5	6	7	8	9	10	11	12				
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)								1. AMOUNT					
		2. UNIT OF MEAS- URE (enter code)								2. UNIT OF MEAS- URE (enter code)					
X-1	S 0 2	600					G	5							
X-2	T 0 3	20					E	6							
1	S 0 1	5500					G	7							
2	S 0 2	1550					G	8							
3	T 0 1	85,000					U	9							
4								10							

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic or toxic contaminant** entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each **listed hazardous waste** entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
							1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K	0	5	4	900	P	T 0 3 D 8 0	
X-2	D	0	0	2	400	P	T 0 3 D 8 0	
X-3	D	0	0	1	100	P	T 0 3 D 8 0	
X-4	D	0	0	2				included with above

NOTE: Photocopy this page before completion

You have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																								
<div> <div>W P A D 0 0 2 2 7 8 3 3 1</div> <div>T/A C</div> <div>1</div> </div>													<div> <div>W</div> <div>DUP</div> <div>T/A C</div> <div>2</div> <div>DUP</div> </div>																								
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																					
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																																	
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																													
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
1	U 0 0 2	4.5	T	S	0	1	S	0	2																												
2	U 1 3 4	4.2	T	T	0	1																															
3	U 1 5 4	4.55	T	S	0	1	S	0	2																												
4	U 1 8 8	.93	T	S	0	1																															
5	U 0 7 2																																				
6	U 2 2 9	4.10	T	S	0	1																															
7	U 2 3 9	7.96	T	S	0	1	S	0	2																												
8	U 2 2 6	2.0	T	S	0	1	S	0	2																												
9	D 0 0 1	66.6	T	S	0	1	S	0	2																												
10	D 0 0 2	60.5	T	S	0	1	S	0	2																												
11	D 0 0 0			S	0	1	S	0	2																												
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26																																					

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	P	A	D	0	0	2	2	7	8	3	3	1	T/A/C	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4 0° 13' 45"

75° 13' 38"

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

Solid State Scientific Inc.

215-855-8400

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

Commerce Drive

Montgomeryville

PA

18936

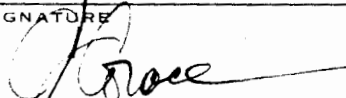
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Leonard P. Kedson, President

B. SIGNATURE



C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Robert J. Ashton

B. SIGNATURE



C. DATE SIGNED

V. FACILITY DRAWING (see page 4)

(Attached)

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number for hazardous wastes from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4
F 0 0 1	F 0 0 2	F 0 0 5	
23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10
23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number for hazardous wastes from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16
23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22
23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28
23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number for hazardous wastes from commercial chemical products your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34
P 0 1 0	U 0 0 2		
23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40
U 1 4 0	U 1 5 4	U 1 8 8	U 2 2
23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46
U 2 3 9			
23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.3 for listed infectious wastes your installation handles. Use additional sheets if necessary.

49	50	51	52
23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes for characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the records and documents, and that based on my inquiry of those individuals immediately responsible for the gathering, accuracy, and completeness of the information, I believe that the submitted information is true, accurate, and complete. I am not aware of any omission or provision of false or misleading information, including the possibility of fine and imprisonment.

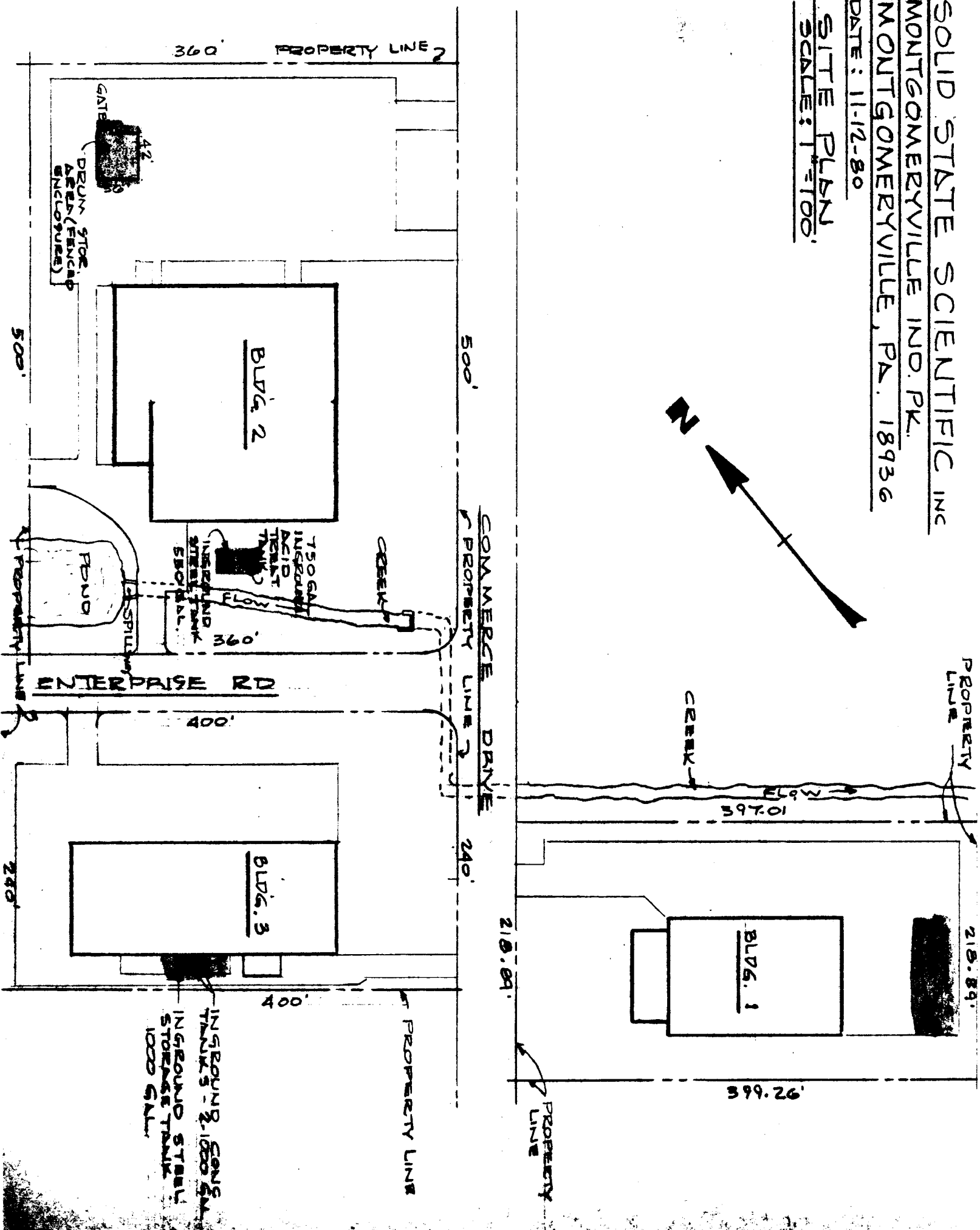
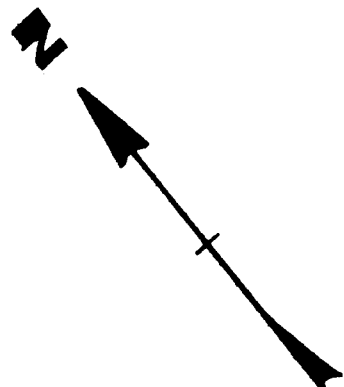
SIGNATURE

Thomas K. Deaton

NAME & OFFICIAL TITLE (Print Name)

PRESIDENT

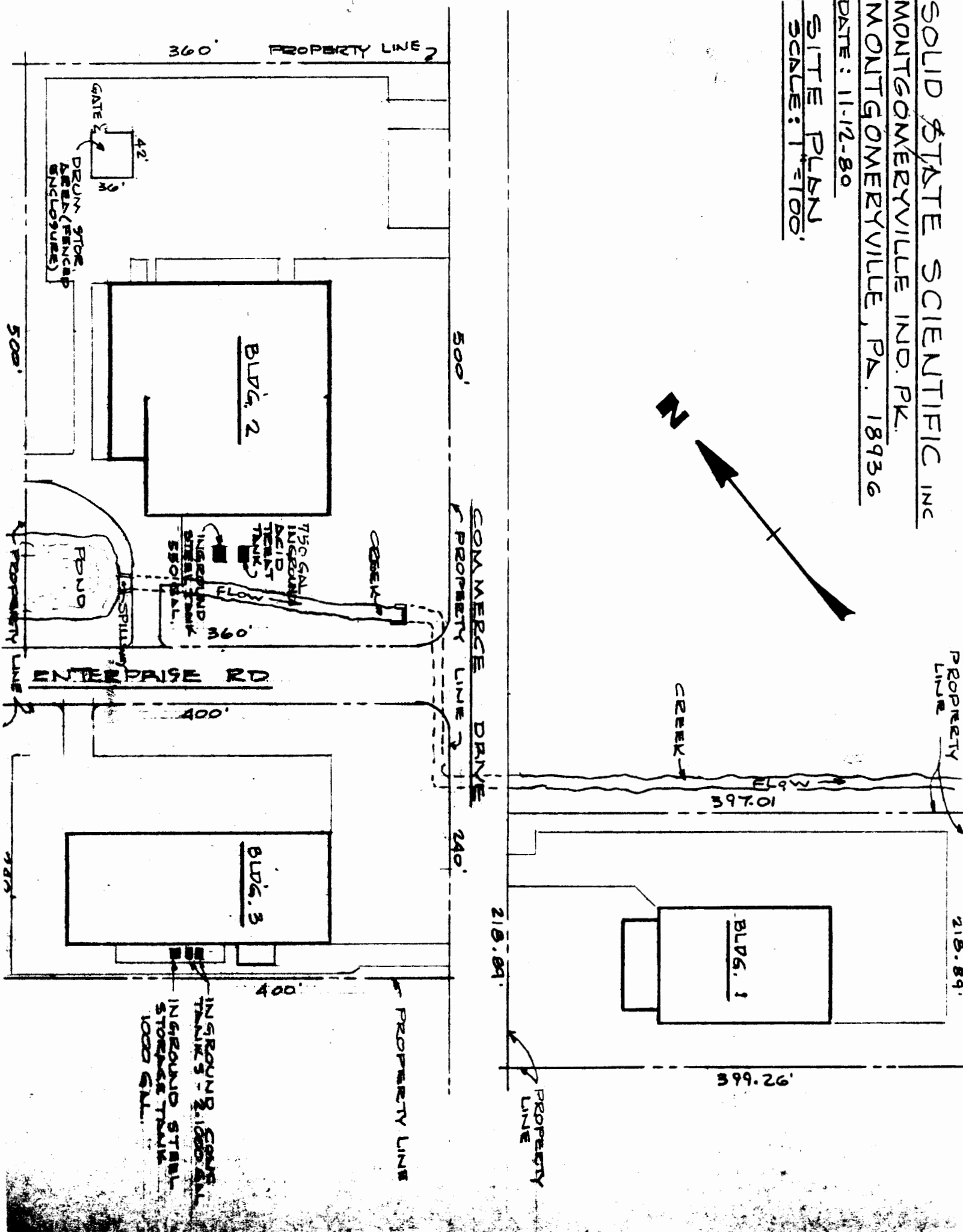
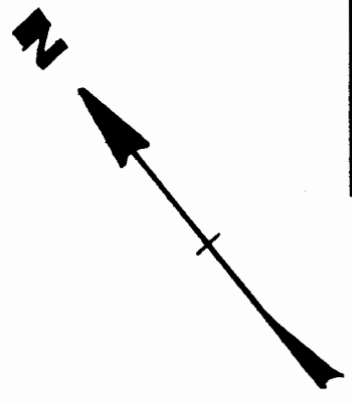
SITE PLAN
SCALE: 1"=100'



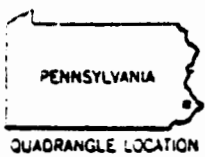
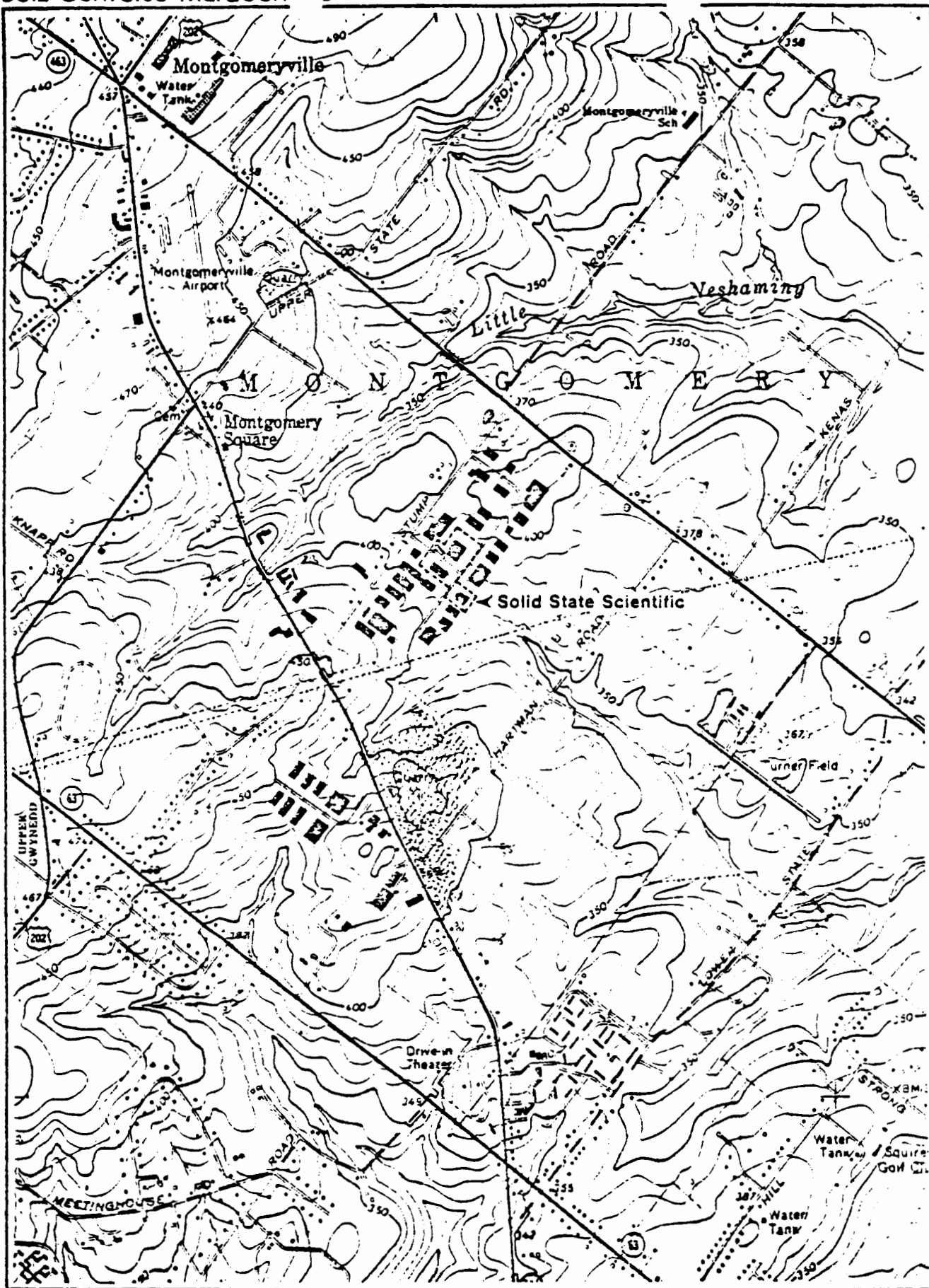
SOLID STATE SCIENTIFIC INC
MONTGOMERYVILLE IND. PK.
MONTGOMERYVILLE, PA. 18936

DATE: 11-12-80

SITE PLAN
SCALE: 1"=100'



ORIGINAL
(Red)

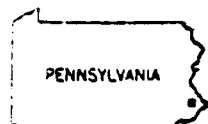
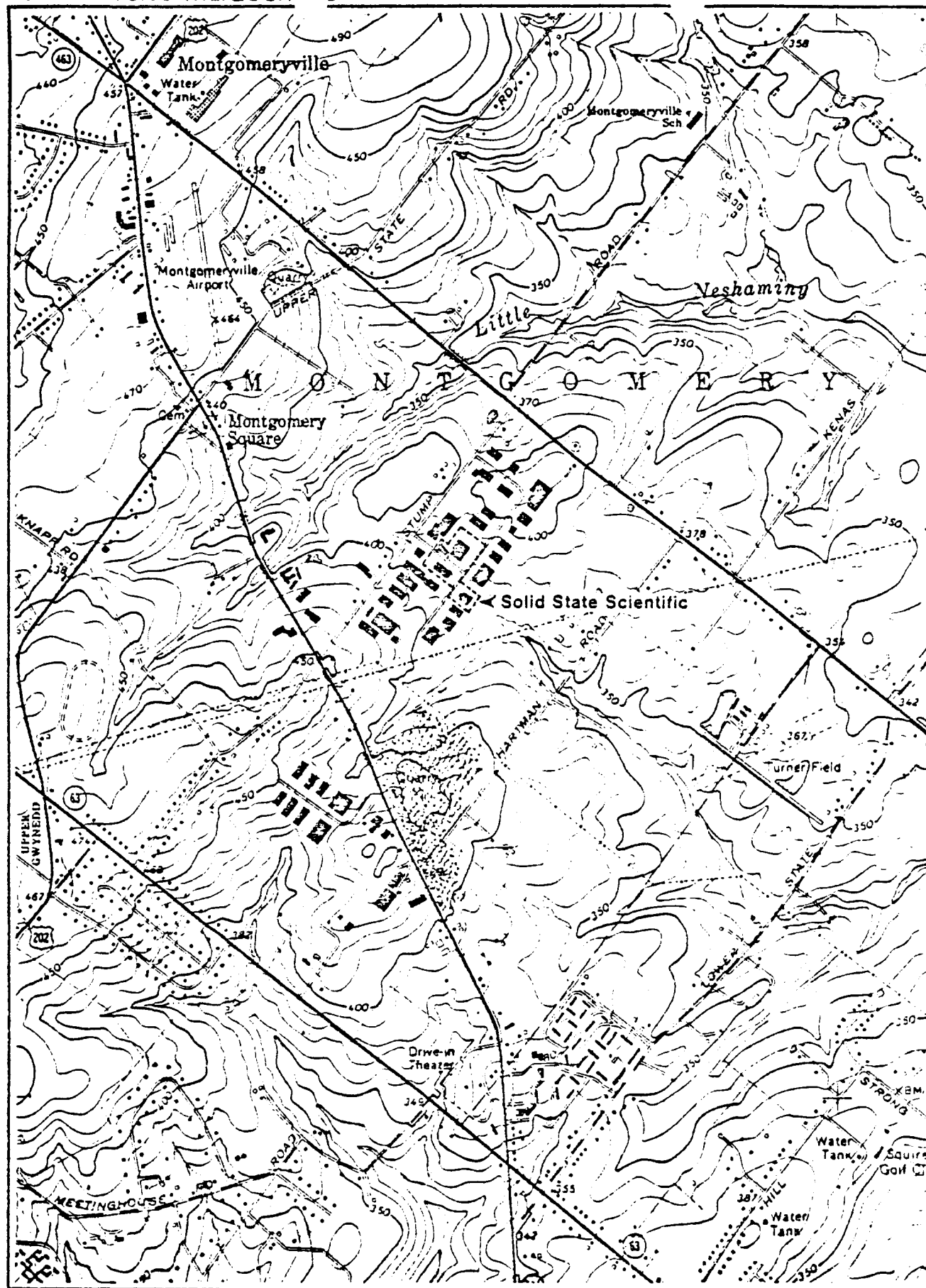


0 2000 4000 ft N

AMBLER, PA.

Figure 1

Solid State Scientific Location Plan
Montgomeryville, Pa.



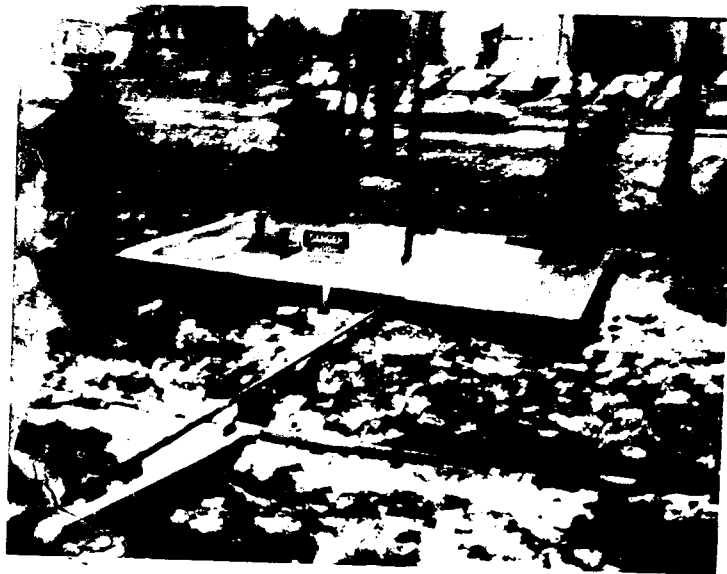
QUADRANGLE LOCATION

0 2000 4000 ft N

AMBLER, PA.

Figure 1

Solid State Scientific Location Plan
Montgomeryville, Pa.



Bldg. #2 - Acid Neutralization
Tank.

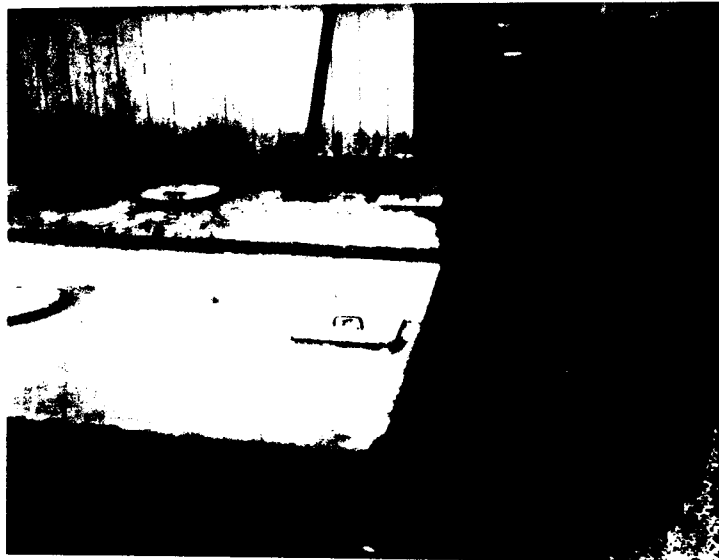
11/18/80

Bldg. #2. Solvent Storage
Tanker 550 gallon Skid
Tank.

11/18/80

Bldg. #1 - Empty and
cleaned drum storage
area in rear.

11/18/80



Bldg. #3 - Concrete Aerobic
tanks to the left; 1000 gal.
underground storage to the
right.

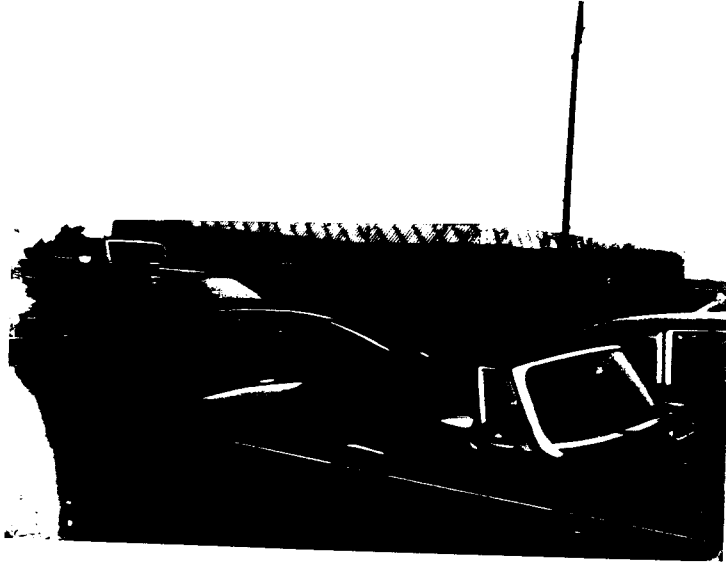
11/18/80

Bldg. #3 - As Seen from
Commerce Dr.

11/18/80

Bldg. #1 - Administrative;
as seen from Commerce
Dr.

11/18/80



Bldg. #2 - As seen from
Enterprise Rd.

11/18/80

Bldg. #2 - 55 gal. drum
storage area.

11/18/80

Bldg. #2 - As seen from
Commerce Dr.

11/18/80



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD002278331

December 31, 1980

Solid State Scientific, Inc.
Mr. Robert Ashton
Montgomeryville Industrial Center
Montgomeryville, Pa. 18936

Re: Acknowledgment of Application for
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at [redacted] as shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.



SOLID STATE SCIENTIFIC INC.

MONTGOMERYVILLE, PENNA. 18936 ■ 215-855-8400
TWX 510-661-7267

January 21, 1981

Ms. Shirley Bulkin
Environmental Protection Agency
Region III
P. O. Box 1480
Philadelphia, PA 19107

Reference: PAD002278331

Dear Shirley:

In keeping with the E.P.A. request that all generators, TSDF's and transporters update their notification bulletins when required, I would like to submit the following revisions, regarding our Montgomeryville Facility, Permit PAD002278331:

Item

VI & VII

Added trans. & highway
2/2/81

We wish to be permitted to transport wastes between our facilities for treatment and/or storage. It has been my understanding that notification to the E.P.A. is all that is currently required, provided that commerce is contained within the state of Pennsylvania and D.O.T. placarding, labeling and packing requirements are complied with. This information was given to me through a telephone conversation with a representative of your Philadelphia office. If there are further requirements, please notify me immediately.

IX

deleted
u070
1171
1172

Section C - It is my contention that hazardous waste numbers u070, u071, u072 (1,2; 1,3; 1,4 Dichlorobenzene) are not constituents of a chemical used here that contains Orthodichlorobenzene. Therefore, we wish to categorize Orthodichlorobenzene under Section X, Non-listed Hazardous Wastes, as a toxic substance. Please remove these numbers from Section C, Commercial Chemical Product Wastes.

Please note that you will be receiving an identical letter regarding changes in our notification for our Willow Grove Facility. Please refer those changes to their corresponding identification number.

Ms. Shirley Bulkin
Environmental Protection Agency
January 21, 1981
Page 2

Please call me at (215) 855-8400, ext. 423 if any questions arise. Enclosed you will find a copy of the revised notification for your file.

Sincerely,



Robert J. Ashton
Plant Project Coordinator

RJA:jmd

Enclosure

cc: Craig Phillips
Ronald DePue



SOLID STATE SCIENTIFIC INC.

MONTGOMERYVILLE, PENNA. 18936 ■ 215-855-8400
TWX 510-661-7267

January 23, 1981

AMMENDED PART A.

Ms. Shirley Bulkin
Environmental Protection Agency
Region III
P. O. Box 1480
Philadelphia, PA 19107

Reference: I.D. #PAD002278331

Dear Shirley:

Please make the following changes regarding our Form (3) Treatment, Storage and Disposal, Part "A", Application, PAD002278331:

<u>Page</u>	<u>Section</u>	<u>Line Numbers</u>	<u>Hazard Waste Codes</u>
3	IV	9 & 10	D001, D002, D000

Please change under Item B, Estimated Annual Quantity of Waste from:

Line 9 - 6.6 to 66.6 T
Line 10- 6.0 to 60.6 T

This was a typographical error on my part and I have included a copy of these corrections with this letter. My apologies for any inconvenience this may have caused you. Please contact me if there are any further questions regarding these corrections.

Sincerely,

Robert J. Ashton

Robert J. Ashton *jmd*
Plant Project Coordinator

RJA:jmd

cc: C. Phillips
R. DePue

Enclosures



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

JUL 27 1981

Mr. L. P. Kedson
Solid State Scientific, Inc.
Montgomeryville Industrial Ctr.
Montgomeryville, PA 18936

Dear Mr. Kedson:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

ORIGINAL
(100)

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

Shirley D. Bulkin

Shirley D. Bulkin
Chief, Administrative Support Section
Permit Enforcement Branch

Enclosure

CONDITIONS OF OPERATION DURING
INTERIM STATUS

Date Prepared: July 27, 1981

ORIGINAL
(Red)

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

I. Facility name, location, and EPA Identification Number.

Name: Solid State Scientific, Inc.

Location: Commerce & Enterprise Drives
Montgomeryville, PA 18936

EPA I.D. No.: PAD 00 227 8331

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: Mr. L. P. Kedson, President

Operator's Name: Mr. R. J. Ashton

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
<u>S01</u>	<u>5500 Gals.</u>
<u>S02</u>	<u>1550 Gals.</u>
<u>T01</u>	<u>85,000 Gals/Day</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>U002</u>	<u>U134</u>	<u>U154</u>	<u>U188</u>	<u>U072</u>
<u>U229</u>	<u>U239</u>	<u>U226</u>	<u>D001</u>	<u>D002</u>



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

JUL 27 1981

Mr. R. J. Ashton
Solid State Scientific, Inc.
Montgomeryville Industrial Ctr.
Montgomeryville, PA 18936

Dear Mr. Ashton:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

24

RECEIVED
(11-1)

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

Shirley D. Bulkin

Shirley D. Bulkin
Chief, Administrative Support Section
Permit Enforcement Branch

Enclosure

CONDITIONS OF OPERATION DURING
INTERIM STATUS

Date Prepared: July 27, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: Solid State Scientific, Inc.

Location: Commerce & Enterprise Drives
Montgomeryville, PA 18936

EPA I.D. No.: PAD 00 227 8331

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: Mr. L. P. Kedson, President

Operator's Name: Mr. R. J. Ashton

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
<u>S01</u>	<u>5500 Gals.</u>
<u>S02</u>	<u>1550 Gals.</u>
<u>T01</u>	<u>85,000 Gals/Day</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>U002</u>	<u>U134</u>	<u>U154</u>	<u>U188</u>	<u>U072</u>
<u>U229</u>	<u>U239</u>	<u>U226</u>	<u>D001</u>	<u>D002</u>



SOLID STATE SCIENTIFIC INC.

MONTGOMERYVILLE, PENNA. 18936 ■ 215-855-8400
TWX 510-661-7267

January 14, 1982

Ms. Shirley Bulkin
Director of Hazardous Waste Permits
E.P.A. Region III
6th and Walnut Street
Philadelphia, PA 19107

Dear Shirley:

As you requested during our telephone conversation on December 10, 1981, the following revisions have been made on the Generators' Notification Forms and the Part A, Treatment Storage and Disposal Permit applications for both out Montgomeryville (PAD002278331) and Willow Grove (PAD000965800) Facilities:

- 1) "D000-TOXIC" has been excluded, and the arsenic material previously listed under this heading will now be implemented under "D001-IGNITABLE" as you requested.
- 2) Notification that both facilities existed prior to the October 30, 1980 amendment and presently have been privileged interim status.
- ✓3) Our treated waste material has been excluded, being that it is monitored by the NPDES Permit program by your indication.
- 4) Our Air Quality Permit Numbers are now included in Form 1, Part 10A.
- 5) Names and telephone numbers have been updated to current status.

Please call me if you require further information or have any questions regarding our permit applications.


Sincerely,

ROBERT ASHTON
Plt. Proj. Coordinator

RA/cd
Enc.

FORM 1 GENERAL		UNIVERSITY OF MONTGOMERY <small>(Read the "General Instructions" before starting.)</small>	PAD 002276/31
PLEASE PLACE LABEL IN THIS SPACE			
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit applications to the EPA. If you answer "yes" to questions, you must submit this form and the supplemental form listed in the parentheses below. Mark "X" in the box in the third column. If the supplemental form is attached. If you answer "no" to each question, you need not submit any supplemental forms. You may answer "no" if your facility is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced words.			
SPECIFIC QUESTIONS		MARK "X" <small>YES NO FORM ATTACHED</small>	REMARKS
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B. Does this facility have existing or proposed industrial, commercial, or institutional loading operation of hazardous materials which results in a discharge to waters of the U.S.? (FORM 2B)
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D. Is this facility a storage tank for hazardous materials? (FORM 2D)
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	F. Do you or will you use this facility industrial or commercial processes which involve the use of the following: (FORM 4)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	H. Do you or will you use this facility fluid for gas processing, including oil solvents, in the combustion of fossil fuels? (FORM 4)
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	J. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
III. NAME OF FACILITY 1 SKIP SOLID STATE SCIENTIFIC INC.			
IV. FACILITY CONTACT 2 HISTAND JOSEPHINE NAME & TITLE (last, first, & title) CHEMICAL TECH. PHONE (area code & no.) 215 855 8400			
V. FACILITY MAILING ADDRESS 3 MONTGOMERYVILLE INDUSTRIAL CTR 4 MONTGOMERYVILLE PA 18936			
VI. FACILITY LOCATION 5 COMMERCE AND ENTERPRISE ROADS 6 MONTGOMERYVILLE PA 18936			

CONTINUED FROM THE FRONT

B. SECOND		
3, 6, 7, 4 (specify) Semiconductor Manufacturing	(specify)	
D. FOURTH		
7 (specify)	(specify)	
VIII. OPERATOR INFORMATION		
SOLID STATE SCIENTIFIC, INC.		
Is the name listed item VIII-A and owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
C. STATUS OF OPERATOR (check all appropriate boxes) F - FEDERAL S - STATE P - PRIVATE P (specify)		
D. PHONE (area code & no.) 215 855 8400		
MONTGOMERYVILLE INDUSTRIAL CTR		
MONTGOMERYVILLE PA 18936		
D. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
X. EXISTING ENVIRONMENTAL PERMITS		
A. NPDES (Discharges to Surface Water) PA0050130	N/A	
B. UIC (Underground Injection of Fluids) 46-399-048	(specify) PA State DER Air Cleaning device permit appl.	
C. RCRA (Hazardous Waste) N/A	(specify)	
XI. MAP		
Attach to this application a topographic map of the area showing the facility and its property boundaries. The map must show the outline of the facility, the location of each of its buildings, structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well or water body in the map area. See instructions for details.		
XII. NATURE OF BUSINESS (provide a brief description)		
Production of LSI and VLSI Semiconductor Devices.		
XIII. CERTIFICATION (see instructions)		
I certify under penalty of law that I have personally examined the information submitted in this application and all attachments and that, based on my inquiry of those persons who provided the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
A. NAME & OFFICIAL TITLE (type or print) Al Corace, Mgr. of Plt. Services	B. SIGNATURE 	C. DATE SIGNED 1/19/82
COMMENTS FOR OFFICIAL USE ONLY		

3

EPA

RCRA

Consolidated Permit Program
(This information is required under Section 3005 of RCRA.)

PAD002278331

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Dispose:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	G
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

3	DUP										T/A/G	I			
1	2											12	14	15	16
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY		
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)						1. AMOUNT	2. UNIT OF MEASURE (enter code)					
X-1	S 0 2	600	G			5									
X-2	T 0 3	20	E			6									
1	S 0 1	5,500	G			7									
2	S 0 2	2,500	G			8									
3						9									
4						10									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS. P
TONS. T

METRIC UNIT OF MEASURE CODE
KILOGRAMS. K
METRIC TONS. M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
WASTE NO. (enter code)										WASTE NO. (enter code)									
WASTE NO. (enter code)										WASTE NO. (enter code)									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)										D. PROCESSES									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
				27	28	29	30	31	32	33	34	35	36	37	38	39	40		
1	D 0 0 2	230	T	5	0	1	S	0	2										
2	D 0 0 1	3.11	T	S	0	1	S	0	2										
3	F 0 0 2	1.2	T	S	0	1	S	0	2										
4	F 0 0 3	3	T	S	0	1	S	0	2										
5	F 0 0 5	1	T	S	0	1	S	0	2										
6																			
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25																			
26																			

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.ORIGINAL
(Red)

EPA I.D. NO. (enter from page 1)

S	F	P	A	D	0	0	2	2	7	8	3	3	1	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

40	°	13	'	45	"
65	66	67	68	69	71

LONGITUDE (degrees, minutes, & seconds)

75	°	13	'	38	"
72	74	75	76	77	79

VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

12	13	E	Solid State Scientific, Inc.
----	----	---	------------------------------

2	1	5	-	8	5	5	-	8	4	0	0
59	56	58	59	61	62	63	64	65	66	67	68

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

12	13	F	Commerce Drive
----	----	---	----------------

14	15	16	G	Montgomeryville
----	----	----	---	-----------------

17	18	19	P	A
----	----	----	---	---

1	8	9	3	6
40	41	42	43	44

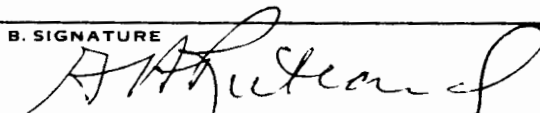
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

George Rutland, President

B. SIGNATURE



C. DATE SIGNED

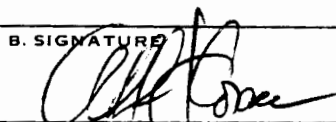
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Corace, Mgr. of Plt. Services

B. SIGNATURE



C. DATE SIGNED

1/19/82



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

February 18, 1982

Mr. George Rutland
Solid State Scientific, Inc.
Montgomeryville Industrial Ctr.
Montgomeryville, PA 18936

Re: EPA I.D. No. PAD 00 227 8331

Dear Mr. Rutland:

This is to acknowledge receipt of your letter dated January 14, 1982 in which you request a change to "Conditions of Operations During Interim Status."

Enclosed is an amended form reflecting the change(s). If we can be of any further assistance, please do not hesitate to contact Ms. Joan Henry, a member of my staff, on 215-597-8751.

Sincerely yours,

A handwritten signature in cursive script, reading "Patrick Anderson".

Patrick Anderson
Chief, RCRA Permit and Pesticides Section
Air and Waste Management Division

Department of Environmental Resources
1875 New Hope Street
Norristown, PA 19401
215 270-1020

RECEIVED
STATE PROGRAMS SECTION
AUG 22 1984
U.S. EPA, REGION III

August 14, 1984

Mr. Al Corace, Manager
Building Services
Solid State Scientific
3000 Welsh Road
Willow Grove, PA 19090

Willow Grove

Re: Hazardous Waste TSD Application
PA0000965800

Dear Mr. Corace:

We have conducted an initial review of your Hazardous Waste Part B application referenced above.

The following items were found to be deficient and it is our determination that this material must be included in the Part B application so we can proceed with our technical review. I have enclosed a copy of the checklist submitted with this application indicating the deficiencies. These are also noted in a five form which reads as follows:

GENERAL REQUIREMENTS

1. [4] Act 47 Section 405 Land owner consent form.
2. [501][502](265)(z)(12)(11), (265)(z)(12)(1) Certification responsible signature of principal executive officer.
3. [10A][10B][10C](265)(z)(21)(1) Topographic map showing quarter mile; public and private water supplies; wetlands and other bodies of water; one hundred year flood.
4. [13E][13G][13J][13L][13M][13N](265)(z)(21)(ii) Flow specifications relating to: location and limits of system; cross sections of access and all weather construction materials, slopes, grades or profiles grades or profiles of surface drainage, diversions; calculations for volume.

WASTE CHARACTERISTICS

5. [11][1A][1B][1C][1D][1E](264)(c)(1) For each treated, EPA number, hazard characteristic, laboratory report detailing chemical representative samples.

(264)(c)(2) A copy of the waste management plan.

Mr. Al Corace, Manager

August 14, 1984

- 2 -

IGNITABLE, REACTIVE OR INCOMPATIBLE WASTES

7. [1A][1B][1C1](264)(g)(1), (264)(g)(2), (264)(g)(2,7,8,9) Description of precautions taken to prevent accidental ignition or reaction; special handling procedures for storing, treating, disposing or mixing; specific process requirements for containers.

TRAINING

8. [2B](264)(f)(6) Content, frequency, technique used in introductory and continuing training for each employee.
9. [2C][2D][2E][2F](264)(f)(2) Training directors qualifications; relevance of training to job position; training for hazardous waste management; training for contingency plan implementation.
10. [2G1][2G11][2G111][2G1v][2Gv][2Gv1](264)(f)(3) Training for emergency response; procedures for inspecting, repairing, replacing facility monitoring and emergency equipment; key parameters for automatic cutoff systems; communications; alarm systems; response to fires, explosions, groundwater contamination incidents; shutdown of operations.

CLOSURE

11. [1A][1B](264)(9)(3)(i) A description of partial including partial closure activities; description of final closure activities and how these will be conducted according to the regulations.
12. [1B](264)(9)(2) A description of how closure minimizes the need for post closure maintenance and the release of wastes.
13. [1B](264)(9)(3)(iv) An estimate of the schedule for final closure, including expected year of closure, total time required for closure activities.
14. [1C11](264)(r)(40) Specific closure procedures for tanks.

CONTAINERS

15. [2][2A][2C](264)(q)(10) Design and operation specifications for secondary containment system; demonstration of structural integrity of underlying base, ability of base to contain leaks, spills and accumulated precipitation; containment system capacity relative to number and volume of stored containers.
16. [2v](264)(q)(12) Testing and management procedures for accumulated liquids.
17. [3][3A][3B][3C](264)(q)(14) Description of container storage configuration meeting minimum requirements for setback, height, width, aisle space.

ORIGINAL
(R-9)

CLOSURE PLAN

SSSI's Montgomeryville facility consists of three buildings. Building #1 was utilized for administrative offices. Building #2 contained manufacturing facilities, waste chemical storage areas and a waste treatment plant. Building #3 contained manufacturing facilities. Closure of this facility will be as follows:

Building #2

Closure of the manufacturing facilities in Building #2 will consist of removal and disposal of all chemicals and contaminated piping. The expected maximum amount of chemicals in this area would be ten 55 gallon drums. The area will then be cleaned and any areas of chemical residue will be removed.

Closure of the waste treatment plant will include flushing the piping and tanks and removal and disposal of the rinse water.

Closure of the waste chemical storage areas include removal and disposal of the waste solvent tank and access piping. All waste chemicals in the storage areas will be removed and disposed. The expected maximum amount of waste chemicals will be 15 drums of acid waste, 30 empty waste chemical drums, five drums of solvent waste and 25 drums of miscellaneous chemical waste. After removing and disposing of the drummed chemical waste, the storage area will be cleaned and any areas of chemical residue removed.

Building #3

Closure of the manufacturing area in Building #3 will consist of removal and disposal of all chemicals and contaminated process piping. The expected maximum amount of chemicals in this area would be ten 55 gallon drums. The manufacturing area will then be cleaned and any areas of chemical residue will be removed.

Closure of the Montgomeryville facility in this manner will eliminate the need for any post-closure monitoring since all chemicals will have been removed and the equipment decontaminated.